

PART B - FEE(S) TRANSMITTAL

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24113 7590 07/11/2006

PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A.
 4800 IDS CENTER
 80 SOUTH 8TH STREET
 MINNEAPOLIS, MN 55402-2100



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J. Paul Haun	(Depositor's name)
<i>[Signature]</i>	(Signature)
8/7/06	(Date)

APPLICATION NO.	FILING DATE	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/603,397	06/25/2003	James A. Peterson	2992.10US04	4852

TITLE OF INVENTION: DYNAMIC BIOABSORBABLE FASTENER FOR USE IN WOUND CLOSURE

06/10/2006 BARAHAE 00000055 10603397

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	02 FC:1584 03 FC:8001	\$1000	700.00 UP 300.00 UP 30.00 UP

EXAMINER	ART UNIT	CLASS-SUBCLASS
MENDOZA, MICHAEL G	3734	606-220000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Patterson, Thunte,
 2 Skaar & Christensen, P.A.
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Incisive Surgical, Inc.

Minnetonka, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☒ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-0631 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

J. Paul Haun

Registration No. 53,003

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